| (May 1963) UNITED STATES SUBMIT IN TRIPLICATE* October instructions on re- verse side) | Form approved. Budget Bureau No. 42-R142 |
|---|--|
| GE OGICAL SURVEY | 5. LEASE DESIGNATION AND SERIAL NO. |
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL X GAS WELL OTHER 2. NAME OF OPERATOR | 7. UNIT AGREEMENT NAME |
| TENNECO OL COMPANY 3. ADDRESS OF OPERATOR | ENSAU FEDERAL COM |
| Box 1031 MIDLAND TEXAS 79701 | 9. WELL NO. |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | VADA BOXGH C 11. SEC., T., R., M., OR ELK. AND SURVEY OR AREA SURVEY OR AREA |
| 660' FSL & 660 FWL, UNIT M, SEC 12, T95, R 34E, NMPM 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12 - 95 - 34E 12. COUNTY OR PARISH 13. STATE |
| 4226 DF | LEA NM |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or O | ther Data ontreport of: |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) SPUD — 5 | REPAIRING WELL ALTERING CASING ABANDONMENT* ORF CS9 f multiple completion on Well |
| (Other) (Note: Report results of Completion or Recomple 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, in proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical nent to this work.)* | tion Report and Log form.) |
| SPUD 4-28-68 4:00 PM | |
| DRILLED 17 1/2 HOLE TO 366' RAN 11 JTS 13 3/8 48# H-40 STEC CASING 5 | SET AT 364 |
| CEMENTED CASING WITH 225 SK Class C POZI | TIX WITH 2 % |
| CACIZ , 2% GEL WITH 1/4#/SX FLOCELE AND 1 | OOSK CLASS |
| C CEMENT WITH 2 % CACIZ. CEMENT CIRCUL | ATED. PD S:30 AM |
| WOL 22 HRS - TESTED CASING to BOOF for 30 | MINUTES - |
| Help OK. | Section of the control of the contro |
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| | And the second of the second o |
| | |
| 18. I hereby certify that the foregoing is true and correct SIGNED WORMARK, KAMASENTITLE SR. PROD. CIERK | DATE 6-7-68 |
| (This space for Federal or State office use) APPROVED BY TITLE | VEN |
| APPROVED BY TITLE | BATE CONTROL OF CONTRO |